



WHITE ROCK YMCA STEM ENRICHMENT REGISTRATION FORM
YMCA of Metropolitan Dallas

Office Use Only:

Child's Name:	Date of Birth: __/__/____ Gender: Male or Female	Age:	Grade:
Child's Address:	City/State/Zip:	Type of care: <input type="checkbox"/> Punchcard [RSVP 24 hours in advance] <input type="checkbox"/> Weekly Rate	

Primary Parent/Guardian Contact Information **MOTHER** **FATHER** **OTHER:** _____

Primary Parent/Guardian Name:	Date of Birth: __/__/____ Gender: Male or Female	Cell#:
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO May the Y release to non-custodial Parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	City/State/Zip:	Driver's License Number: REQUIRED
Email Address:		

Secondary Parent/Guardian Contact Information **MOTHER** **FATHER** **OTHER:** _____

Primary Parent/Guardian Name:	Date of Birth: __/__/____ Gender: Male or Female	Cell#: Home#:
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO May the Y release to non-custodial Parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	City/State/Zip:	Driver's License Number: REQUIRED
Email Address:		

Emergency Contact/Authorized Pick Up (other than parents): [at least one alternate contact required]

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #: REQUIRED
Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #: REQUIRED

Weekly Sessions: (check all desired weekly sessions. More sessions can be added if space is available)

<input type="checkbox"/> Week 1 June 4-8	<input type="checkbox"/> Week 2 June 11-15	<input type="checkbox"/> Week 3 June 18-22	<input type="checkbox"/> Week 4 June 25-29
<input type="checkbox"/> Week 5 July 2-6 (closed the 4 th)	<input type="checkbox"/> Week 6 July 9-13	<input type="checkbox"/> Week 7 July 16-20	<input type="checkbox"/> Week 8 July 23-27
<input type="checkbox"/> Week 9 July 30-August 3	<input type="checkbox"/> Week 10 August 6-10	<input type="checkbox"/> Week 11 August 13-17	



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HEALTH HISTORY:

SEVERE/LIFE-THREATENING ALLERGIES - Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication:

SPECIAL CONSIDERATIONS/NEEDS - Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which caregiver's should be aware of:

REQUIRED MEDICATIONS* - Please list any prescription medications which require administration during program hours or during emergency situations:

***PLEASE NOTE OUR MEDICATION POLICIES:**

- We require a MEDICATION FORM signed by parent(s) for any medication.
- Medication must be CURRENT. We will not accept or administer expired medications.
- YMCA Kid's Clubhouse can ONLY administer rescue medications

***PLEASE NOTE OUR MEDICATION POLICIES (continued):**

- We require medication to be in its ORIGINAL CONTAINER.
- We allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the PRESCRIBING PHYSICIAN'S WRITTEN PERMISSION.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician or Emergency-Care Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Kid's Clubhouse program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Parent Signature: _____ Date: _____

Admission Agreement

INITIAL	Hours of Care: I understand that I will be charged an additional \$1.00 every minute I am late after close of site. Pick-up must be done by 5:30PM
INITIAL	Movies: I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
INITIAL	Custody: YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.
INITIAL	Photo Release: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	Behavior Policies: I have read and understand the YMCA kid's clubhouse policy and behavior policy
INITIAL	Absences: I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will not attend the program that day. I understand I must email the director at CFletcher@ymcadallas.org and no refunds will be given for missed days by the participant.
INITIAL	YMCA Program Closures: I understand that the YMCA will be closed on select holidays. I further understand during inclement weather the YMCA will not refund or pro-rate the weekly fee.

I have read the Parent Handbook and fully agree to its terms. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____



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Staff collected:	Order Number:	
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